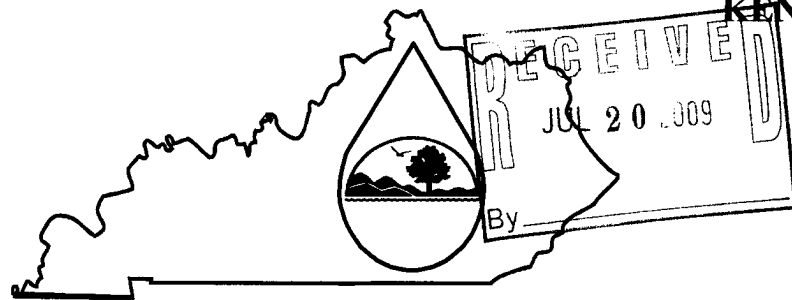


# KPDES FORM 1

AI 1809



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 200-

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0	0	9	2	1	2	6
A. Name of Business, Municipality, Company, Etc. Requesting Permit Henderson Co. Riverport Authority									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: 6200 Riverport Road					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Greg Pritchett, Ex. Port Director				
Facility Location Address (i.e. street, road, etc., not P.O. Box): Henderson Kentucky 42420					Mailing Address: 6200 Riverport Road				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code: Henderson Ky. 42420				
D. Owner's name (if not the same as in part A and C):					Facility Contact Telephone Number: 270-826-1636				
Owner's Mailing Address:					Owner's Telephone Number (if different):				

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Grain, Coke, Coal Handling from Rail 1 ground storage to barge

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &  
Description:

1211 Barge Loadout

Other SIC Codes:

4463

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Henderson County

City where facility is located (if applicable):

C. Body of water receiving discharge:

By ditch to Ohio River

D. Facility Site Latitude (degrees, minutes, seconds):

87° 39' 00"

Facility Site Longitude (degrees, minutes, seconds):

37° 48' 45"

E. Method used to obtain latitude & longitude (see instructions):

GPS

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

SGS Mineral Services

Telephone Number:

270- 827-1187

Operator Mailing Address (Street):

618 Bob Posey Street

Operator Mailing Address (City, State, Zip/Code):

Henderson Ky. 42420

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

ATLA

Certification Number:

1601-1 &amp; 1601-2

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

0092126

Issue Date of Current Permit:

5-20-2005

Expiration Date of Current Permit:

4-30-2010

Number of Times Permit Reissued:

6

Date of Original Permit Issuance:

8-1-1989

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	Permit No C-86-24 File # 027-1760-0096	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

River & Rail Inc. Wholly owned  
Subsidiary of Consolidated Grain & Barge

DMR Official Telephone Number:

1

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

River &amp; Rail Inc.

DMR Mailing Address:

6202 Riverport Road

DMR Mailing City, State, Zip Code:

Henderson Ky. 42420

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Non Process Industry

Filing Fee Enclosed:

\$ 200.

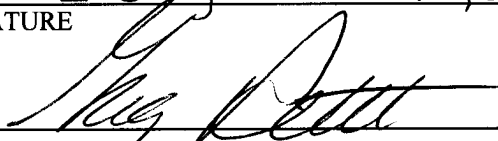
## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Greg Pritchett, Ex Director

SIGNATURE



TELEPHONE NUMBER (area code and number):

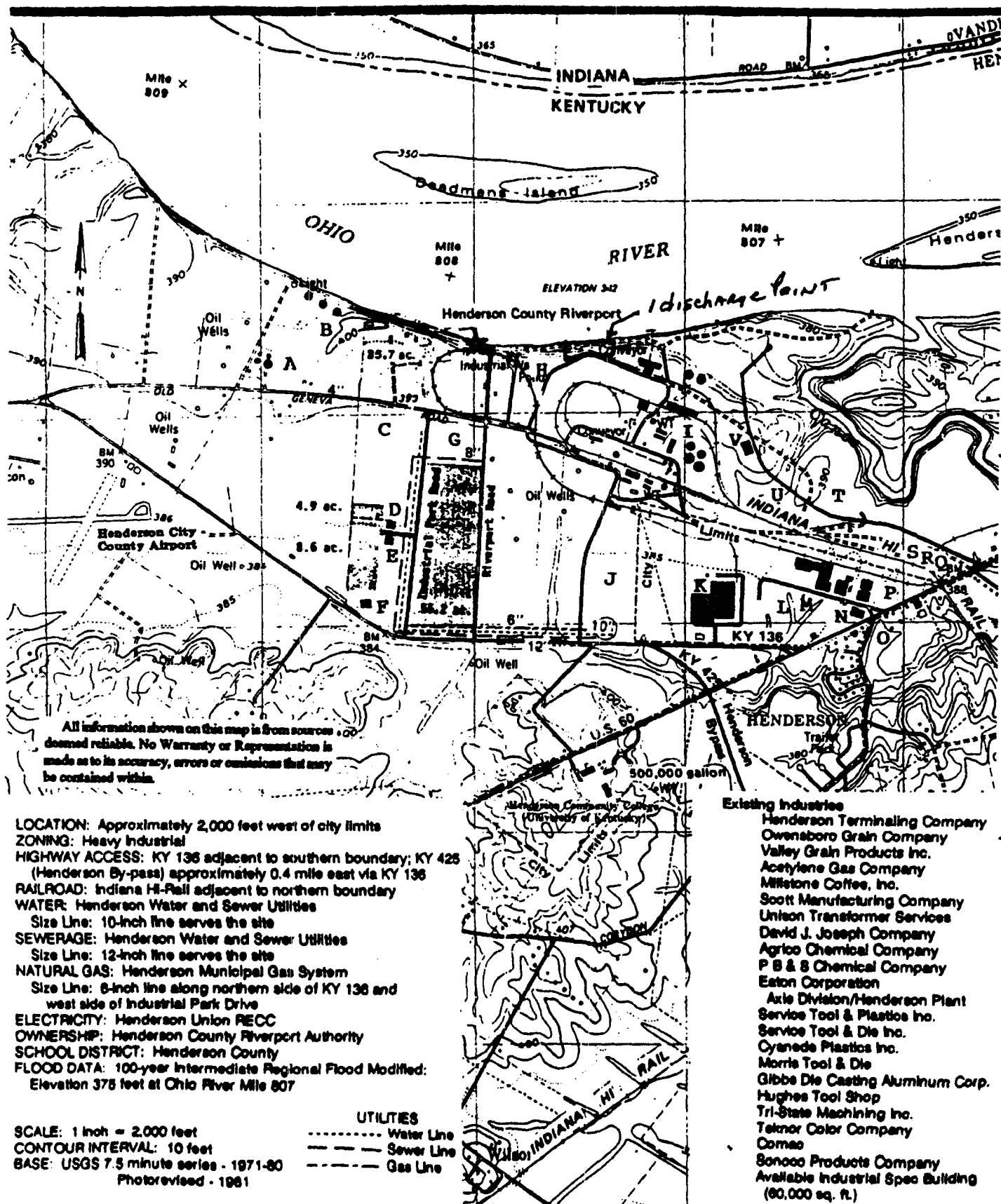
270-826-1636

DATE:

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.

# HENDERSON, KENTUCKY -- Site 193 -- 104.4 Acres

For more information contact the Cabinet for Economic Development, Department of Job Development  
Capital Plaza Tower, 500 Mero Street, Frankfort, Kentucky 40601 (502) 584-7140



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
HENDERSON CO RIVERPORT AUTH  
ADDRESS 600 RIVERPORT RD  
HENDERSON CO RIVERPORT AUTH  
KY 42420

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMIT NUMBER  
DISCHARGE NUMBER

FACILITY HENDERSON CO RIVERPORT AUTH  
LOCATION HENDERSON KY 42420  
ATTN: GREG PRITCHETT, EXEC DIR

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
07 05 01 TO 07 05 30

MINOR  
STORMWATER  
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH		***	***			***						
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT	***	***	***	5.0 MINIMUM	*****	9.0 MAXIMUM	(12)				
ALKALINITY, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT PERMIT	***	***	***	***	REPORT	REPORT	(17)				
00410 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT	***	***	***	***	REPORT	REPORT	(17)				
ACIDITY, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT PERMIT	***	***	***	***	REPORT	REPORT	(17)				
00420 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT	***	***	***	***	REPORT	REPORT	(17)				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT PERMIT	***	***	***	***	35 30DA AVG	70 DAILY MX	(17)				
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT	***	***	***	***	30DA AVG	DAILY MX	(17)				
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT PERMIT	***	***	***	***	3.0 30DA AVG	6.0 DAILY MX	(17)				
01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT	***	***	***	***	2.0 30DA AVG	4.0 DAILY MX	(17)				
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT PERMIT	***	***	***	***	10 30DA AVG	15 DAILY MX	(17)				
01055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT	***	***	***	***	10 30DA AVG	15 DAILY MX	(17)				
OIL AND GREASE	SAMPLE MEASUREMENT PERMIT	***	***	***	***	10 30DA AVG	15 DAILY MX	(17)				
03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT	***	***	***	***	10 30DA AVG	15 DAILY MX	(17)				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER												
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.												
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												
TELEPHONE												
DATE												

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

MINOR

**PERMITTEE NAME/ADDRESS** (Include Facility Name/Location if Different)  
HENDERSON CO RIVERPORT AUTH  
C/O RIVER & RAIL INC  
2202 RIVERPORT RD  
HENDERSON KY 42420

**PERMIT NUMBER**  
KY0002126

**DISCHARGE NUMBER**  
0011

**FACILITY LOCATION**  
HENDERSON CO RIVERPORT AUTH  
KY 42420

**MONITORING PERIOD**  
FROM YEAR MO DAY TO YEAR MO DAY  
07 00 01 07 00 30

STORMWATER MONITOR  
\*\*\* NO DISCHARGE \*\*\*

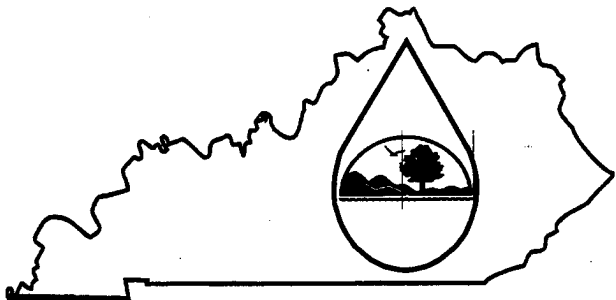
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT			(CG)	*****	*****	*****			
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			WICE/INSTAN MONTH
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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# KPDES FORM C

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



A complete application consists of this form and Form 1.  
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: <u>Henderson County Riverport Authority</u>	County: <u>Henderson</u>
<b>I. OUTFALL LOCATION</b>	AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	87	39	00	37	48	45	Ohio River

### II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
1	Coal Pile Rain Fall Runoff	7.4	24 hour	1-U

**II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)**

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐

Yes (Complete the following table.)

☒

No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				Duration (in days)
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		
		(specify average)	(specify average)	Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)							

**III. MAXIMUM PRODUCTION**

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐

Yes (Complete Item III-B) List effluent guideline category:

☒

No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐

Yes (Complete Item III-C)

☒

No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

**IV. IMPROVEMENTS**

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐

Yes (Complete the following table)

☒

No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.



**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
Iron Manganese Suspended Solids	Stock Piled Coal		

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

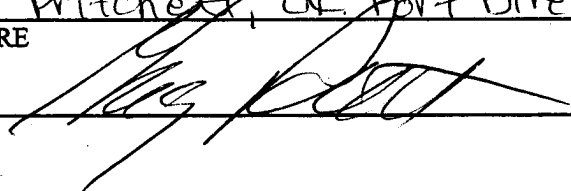
☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☒ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Greg Pritchett, En. Port Director	TELEPHONE NUMBER (area code and number): 270-826-1636
SIGNATURE 	DATE

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO.	
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.										3. UNITS (Specify if blank)	
1. POLLUTANT	2. EFFLUENT				d. No. of Analyses	a. Concentration	b. Mass	4. INTAKE (Optional)		b. No. of Analyses	
	a. Maximum Daily Value		b. Maximum 30-day Value (If available)					a. Long-Term Avg. Value (If available)			b. Long-Term Avg. Value
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
a. Biochemical Oxygen Demand (BOD)											
b. Chemical Oxygen Demand (COD)											
c. Total Organic Carbon (TOC)											
d. Total Suspended Solids (TSS)											
e. Ammonia (as N)											
f. Flow (in units of MGD)	VALUE		VALUE		VALUE		MGD	VALUE			
g. Temperature (winter)	VALUE		VALUE		VALUE		°C	VALUE			
h. Temperature (summer)	VALUE		VALUE		VALUE		°C	VALUE			
i. pH	MINIMUM 7.0	MAXIMUM 8.4	MINIMUM	MAXIMUM			STANDARD UNITS				

Outfall never been sampled - no past discharge  
No coal stoke piled to date

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CASNO, (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Bromine Total		X												
Residual														
c. Chloride		X												
d. Chlorine, Total		X												
Residual														
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as CaCO <sub>3</sub> )		X												
i. Nitrate - Nitrite (as N)		X												
j. Nitrogen, Total		X												
Organic (as N)		X												
k. Oil and Grease		X												
l. Phosphorous (as P), Total		X												
7723-14-0		X												
m.														
Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued													
1 POLLUTANT And CAS NO. (if available)	2 MARK "X"		3 EFFLUENT						4 UNITS		5 INTAKE (optional)		
			a Maximum Daily Value (1) (2)		b. Maximum 30-Day Value (if available) (1) (2)		c. Long-Term Avg. Value (if available) (1) (2)				a Concentration	b No. of Analyses	
	a Believed Present	b Believed Absent	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	
n. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X											
o. Sulfide (as S)		X											
p. Sulfite (as SO <sub>3</sub> ) (14286-46-3)		X											
q. Surfactants		X											
r. Aluminum, Total (7429-90)		X											
s. Barium, Total (7440-39-3)		X											
t. Boron, Total (7440-42-8)		X											
u. Cobalt, Total (7440-48-4)		X											
v. Iron, Total (7439-89-6)	X		See comment Page 5										
w. Magnesium Total (7439-96-4)		X											
x. Molybdenum Total (7439-98-7)		X											
y. Manganese, Total (7439-96-6)	X		See comment Page 5										
z. Tin, Total (7440-31-5)		X											
aa. Titanium, Total (7440-32-6)		X											

Part C- If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1)	b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
METALS, CYANIDE AND TOTAL PHENOLS														
1M. Antimony Total (7440-36-0)			X											
2M. Arsenic, Total (7440-38-2)			X											
3M. Beryllium Total (7440-41-7)			X											
4M. Cadmium Total (7440-43-9)			X											
5M. Chromium Total (7440-43-9)			X											
6M. Copper Total (7550-50-8)			X											
7M. Lead Total (7439-92-1)			X											
8M. Mercury Total (7439-97-6)			X											
9M. Nickel, Total (7440-02-0)			X											
10M. Selenium, Total (7782-49-2)			X											
11M. Silver, Total (7440-28-0)			X											

Part C- Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) (2)		b. Maximum 30-Day Value (if available) (1) (2)		c. Long-Term Avg. Value (if available) (1) (2)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) (2)	b. No. of Analyses
				Concentration	Mass	Concentration	Mass	Concentration	Mass					
<b>METALS, CYANIDE AND TOTAL PHENOLS (Continued)</b>														
12M. Thallium, Total (7440-28-0)			X											
13M. Zinc, Total (7440-66-6)			X											
14M. Cyanide, Total (57-12-5)			X											
15M. Phenols, Total			X											
<b>DIOXIN</b>														
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:										
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>														
1V. Acrolein (107-02-8)			X											
2V. Acrylonitrile (107-13-1)			X											
3V. Benzene (71-43-2)			X											
5V. Bromoform (75-25-2)			X											
6V. Carbon Tetrachloride (56-23-5)			X											
7V. Chloro- benzene (108-90-7)			X											
8V. Chlorodibro- methylene (124-48-1)			X											

Part C—Continued

1.		2.		3.						4.		5.			
1. POLLUTANT And CAS NO. (if available)	a. Testing Required	a. Believed Present	b. Believed Absent	EFFLUENT						UNITS		INTAKE (optional)			
				a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value (1)	Mass (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				Long-Term Avg Value (1)	Mass (2)	
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-71-8)			X												
14V. 1,1- Dichloroethane (75-34-3)			X												
15V. 1,2- Dichloroethane (107-06-2)			X												
16V. 1,1- Dichlorethylene (75-35-4)			X												
17V. 1,2-Di- chloropropane (78-87-5)			X												
18V. 1,3- Dichloropro- pylene (452-75-6)			X												
19V. Ethyl- benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												



Part C - Continued

1. POLLUTANT And CAS NO. (if available)	MARK "X"		EFFLUENT						UNITS		INTAKE (optional)				
	2. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X												
24V. Tetrachloro- ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			X												
27V. 1,1,1-Trh- chloroethane (71-55-6)			X												
28V. 1,1,2-Trh- chloroethane (79-00-5)			X												
29V. Trichloro- ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C -- Continued																
1. POLLUTANT And CAS NO. (if available)		2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1)		b. Maximum 30-Day Value (if available) (1)		c. Long-Term Avg. Value (if available) (1)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1)		b. No. of Analyses		
			Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass			
GC/MS FRACTION -- ACID COMPOUNDS																
1A. 2-Chloro-phenol (95-57-8)			X													
2A. 2,4-Dichloro-Orophenol (120-83-2)			X													
3A. 2,4-Dimeth-ylphenol (105-67-9)			X													
4A. 4,6-Dinitro-o-cresol (534-52-1)			X													
5A. 2,4-Dinitro-phenol (51-28-5)			X													
6A. 2-Nitro-phenol (88-75-5)			X													
7A. 4-Nitro-phenol (100-02-7)			X													
8A. P-chloro-m-cresol (59-50-7)			X													
9A. Pentachloro-phenol (87-88-5)			X													
10A. Phenol (108-05-2)			X													
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X													
GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS																
1B. Acena-phthene (83-32-9)			X													

Part C - Continued

1. POLLUTANT And CAS NO. (If available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)				
			a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (If available)		c. Long-Term Avg. Value (If available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass						
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																	
2B. Acena- phylene (208-96-8)			X														
3B. Anthra- cene (120-12-7)			X														
4B. Benzidine (92-87-5)			X														
5B. Benzo(a)- anthracene (56-55-3)			X														
6B. Benzo(a)- pyrene (50-32-8)			X														
7B. 3,4-Benzo- fluoranthene (205-99-2)			X														
8B. Benzo(ghi) perylene (191-24-2)			X														
9B. Benzo(k)- fluoranthene (207-08-9)			X														
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			X														
11B. Bis (2-chlor- oisopropyl)- Ether			X														
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X														

Part C—Continued															
1. POLLUTANT And CAS NO. (If available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (If available)		c. Long-Term Avg. Value (If available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenz-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3'-Dichloro-benzidine (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C - Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "x"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N- butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro- toluene (121-14-2)			X												
27B. 2,6-Dinitro- toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro- benzene (118-71-1)			X												
33B. Hexachloro- butadiene (87-68-3)			X												
34B. Hexachloro- cyclopenta- diene (77-47-4)			X												

Part C - Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)																
35B. Hexachloroethane (67-72-1)			X													
36B. Indeno-(1,2,3-oc)-Pyrene (193-39-5)			X													
37B. Isophorone (78-59-1)			X													
38B. Naphthalene (91-20-3)			X													
39B. Nitrobenzene (98-95-3)			X													
40B. N-Nitrosodimethylamine (62-75-9)			X													
41B. N-nitrosodi-n-propylamine (621-64-7)			X													
42B. N-nitrosodiphenylamine (86-30-6)			X													
43B. Phenanthrene (85-01-8)			X													
44B. Pyrene (129-00-0)			X													
45B. 1,2,4 Tri-chlorobenzene (120-82-1)			X													

Part C - Continued

1. POLLUTANT And CAS NO. (If available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)					
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (If available)		c. Long-Term Avg. Value (If available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (58-89-9)			X													
4P. gamma-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α- Endosulfan (115-29-7)			X													
12P. β- Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													

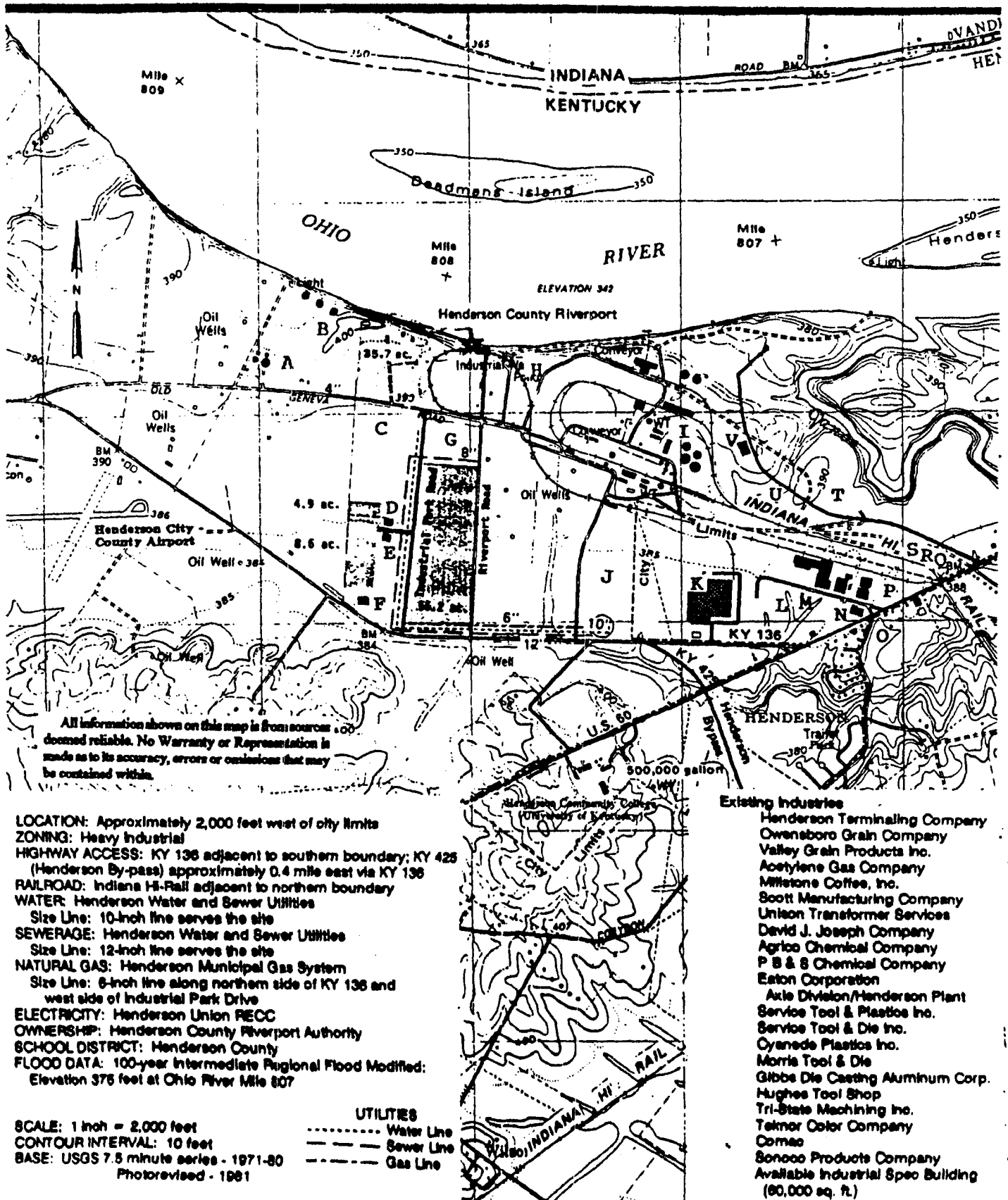
Part C - Continued

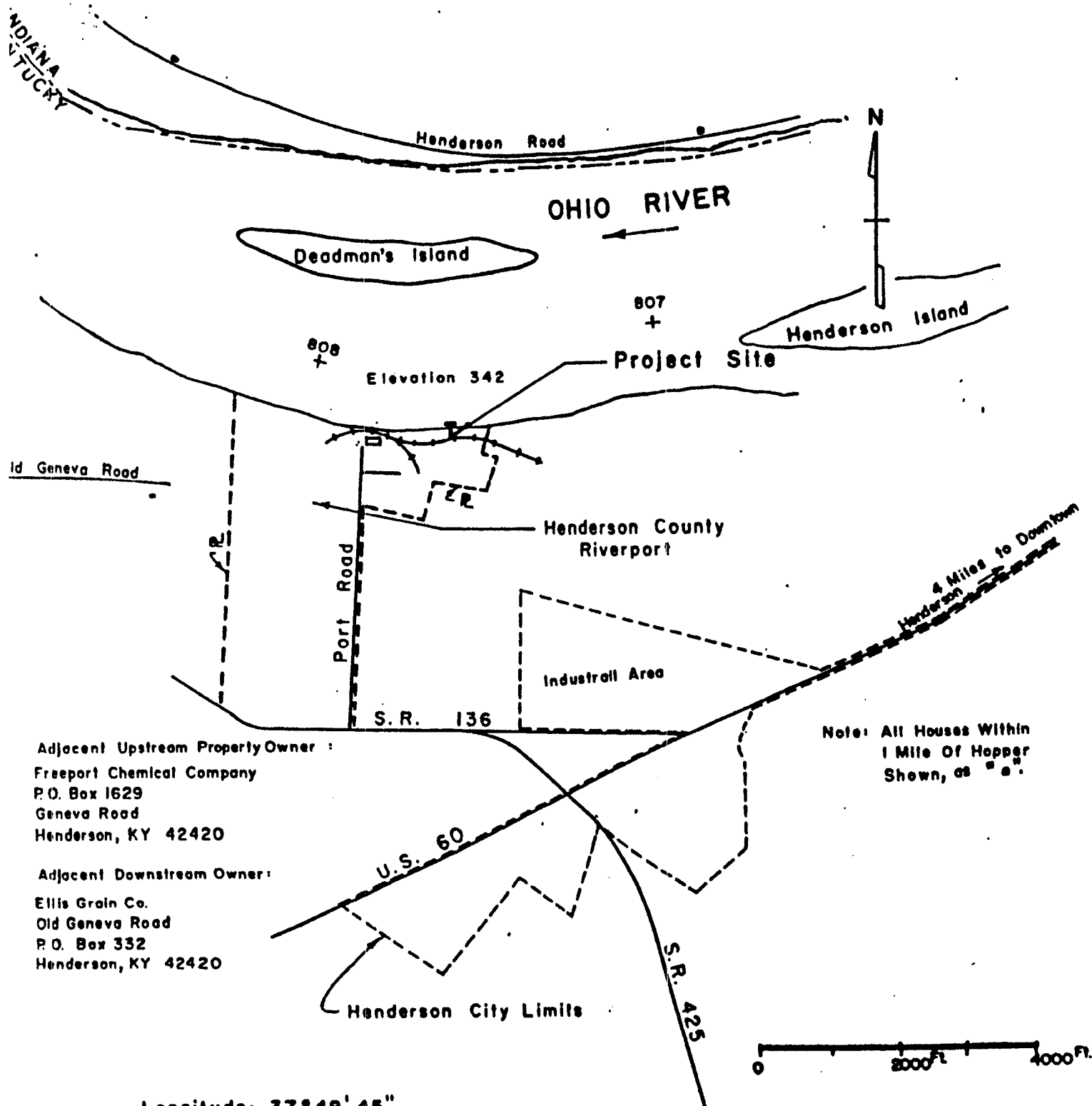
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)					
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – PESTICIDES																
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													



# HENDERSON, KENTUCKY -- Site 193 -- 104.4 Acres

For more information contact the Cabinet for Economic Development, Department of Job Development  
Capital Plaza Tower, 500 Mero Street, Frankfort, Kentucky 40601 (502) 564-7140





Longitude: 37°48'45"  
Latitude: 87°39'00"

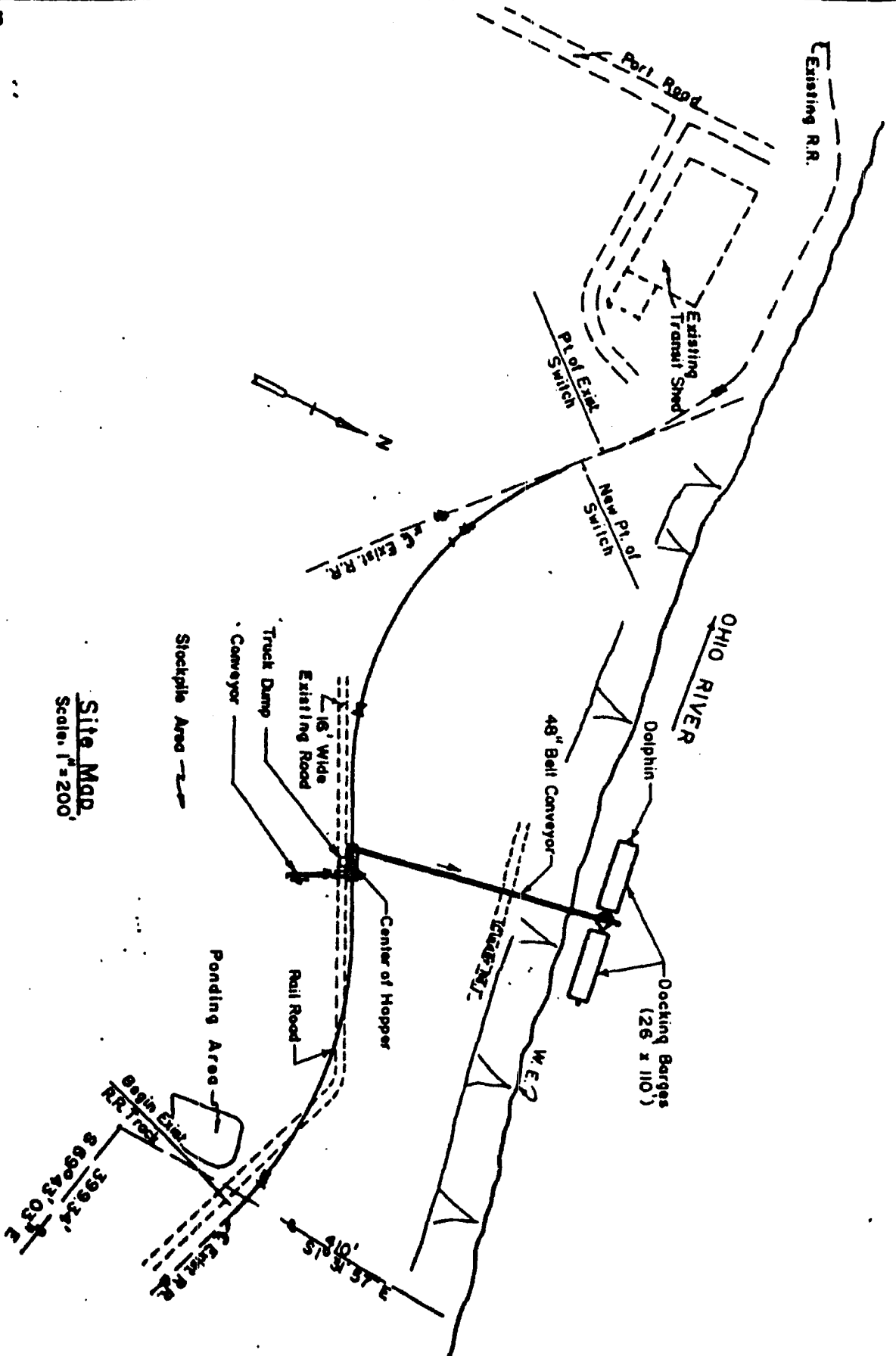
Proposed: Rail To Barge Coal Loading Facility  
In The Ohio River At River Mile 807.6  
Near Henderson, Henderson Co., KY

## LOCATION MAP

Scale: 1" = 2000'

Application By: Henderson County Riverport Authority

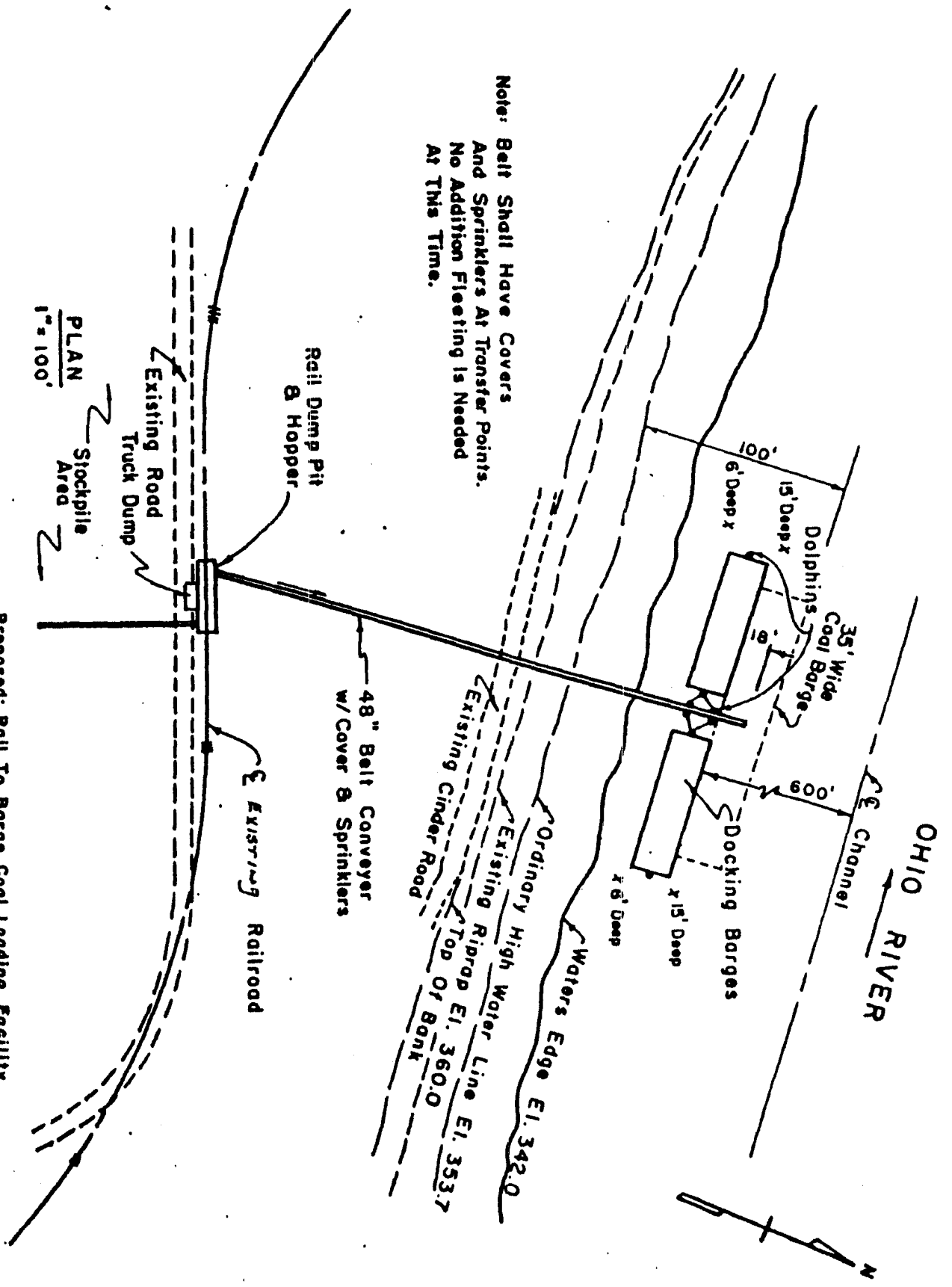
Sheet 1 of 6



**Site Map**  
Scale: 1"=200'

Proposed: Rail To Barge Coal Loading Facility  
in The Ohio River At River Mile  
807.6 Near Henderson, Henderson  
County, KY

Application By: Henderson Co. Riverport Authority



Note: Belt Shall Have Covers  
And Sprinklers At Transfer Points.  
No Addition Fleetling Is Needed  
At This Time.

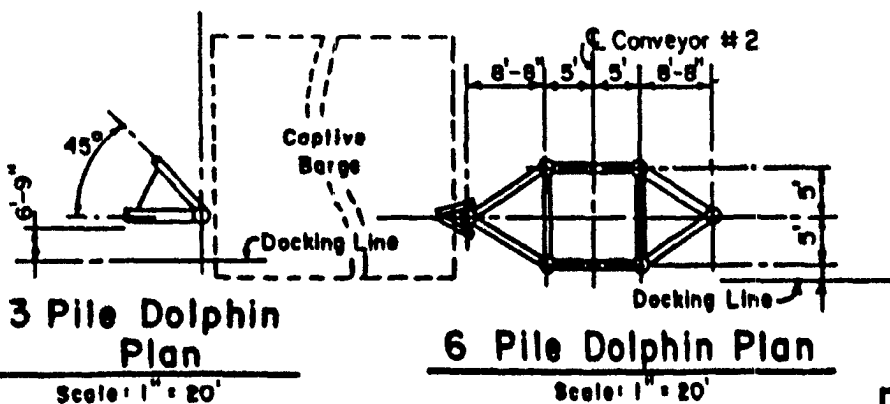
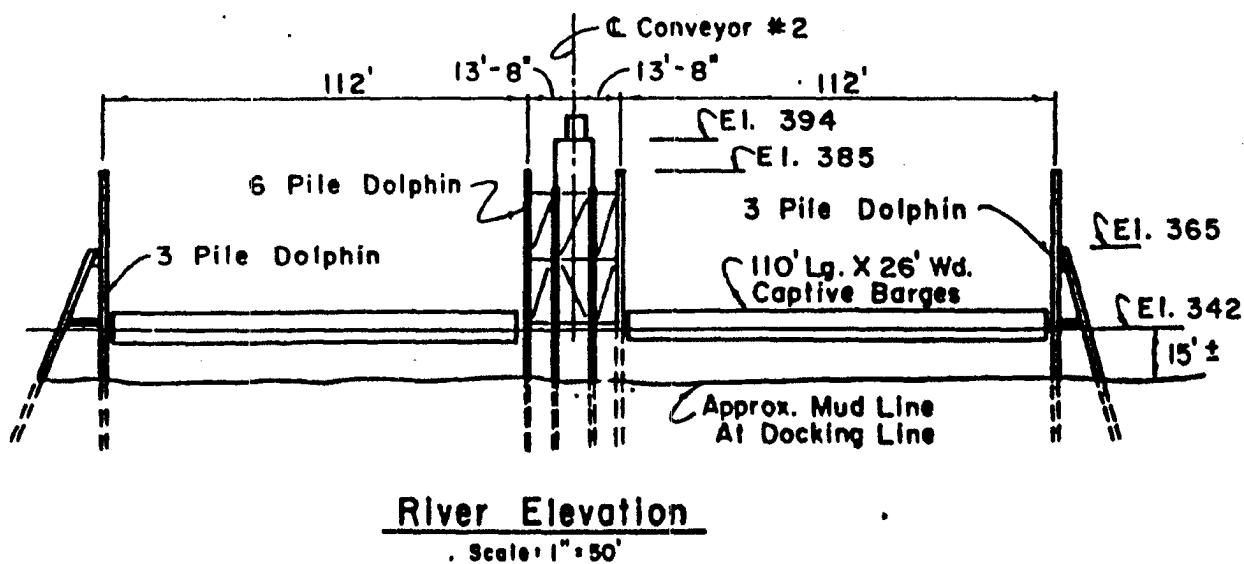
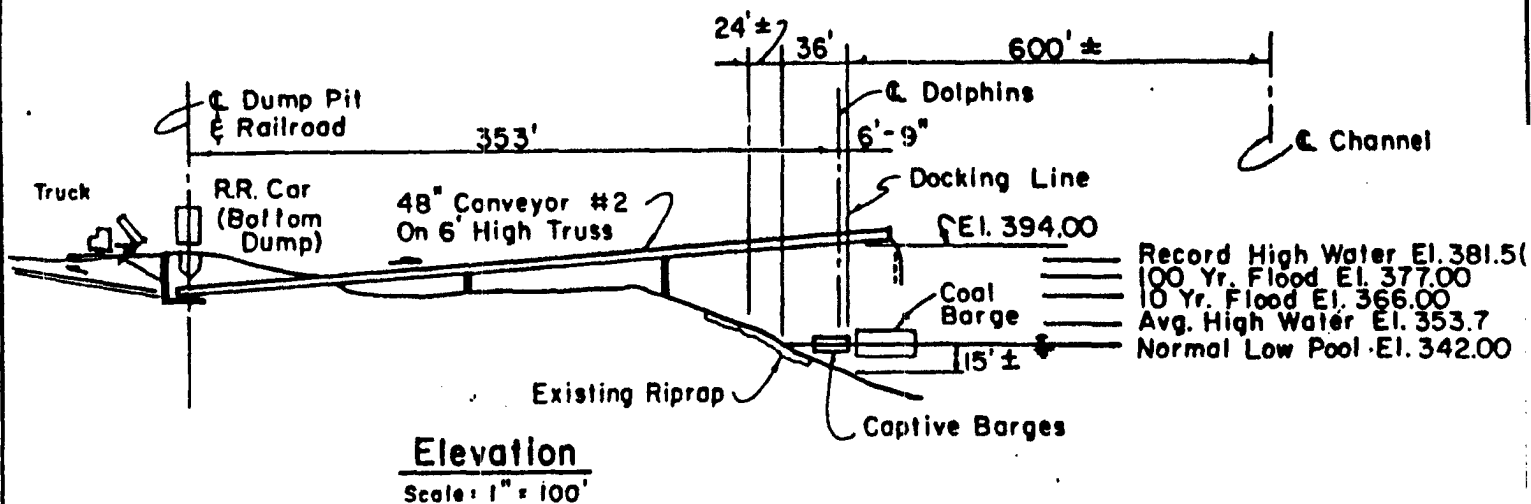
PLAN  
1" = 100'

Proposed: Rail To Barge Coal Loading Facility

In The Ohio River At River Mile 807.6

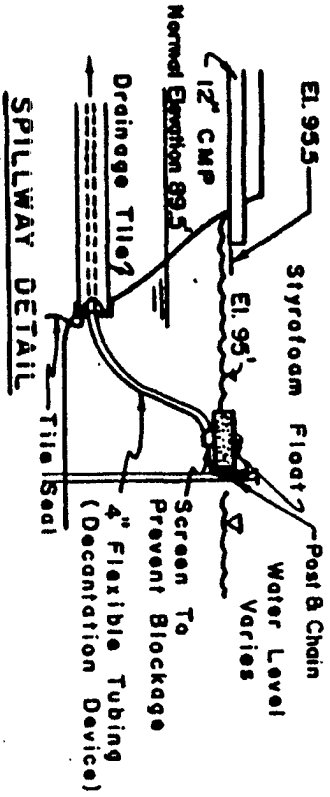
Near Henderson, Henderson Co., KY

Application By: Henderson County Riverport Authority



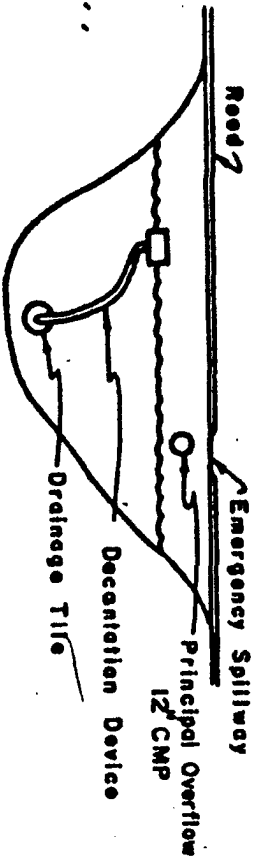
Proposed: Roll To Barge Coal Loading Facility  
In The Ohio River At River Mile 807.8  
Near Henderson, KY Located In  
Henderson Co.

Application By: Henderson County  
Riverport Authority

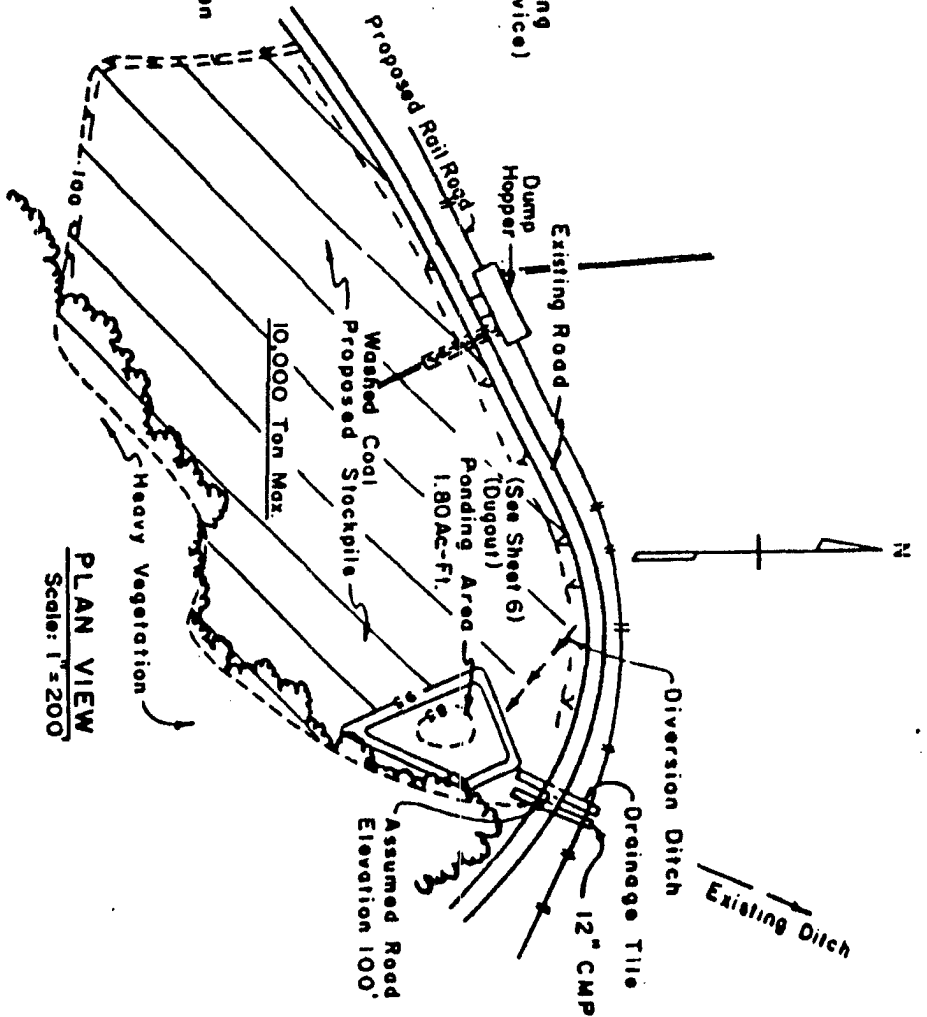


Note: 4" flexible tubing (decanation device) will be placed through existing drainage tile. Drainage tile will then be sealed around tubing.

Inlet of decanation device will be attached to styrofoam float to enable surface withdrawal from structure; and will allow adequate detention of runoff for settlement of suspended and settleable matter.



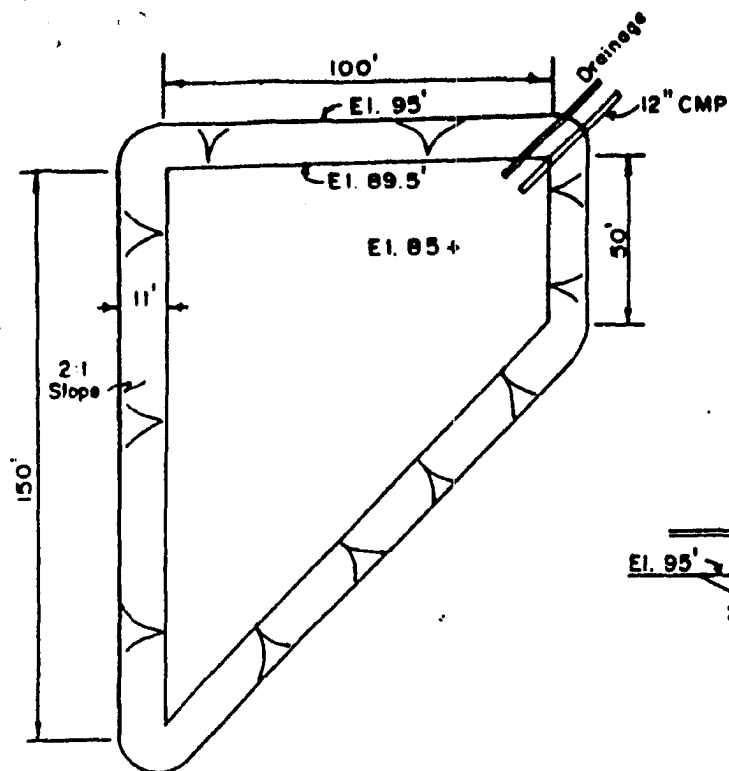
**FRONT VIEW**  
No Scale



**PLAN VIEW**  
Scale: 1"=200'

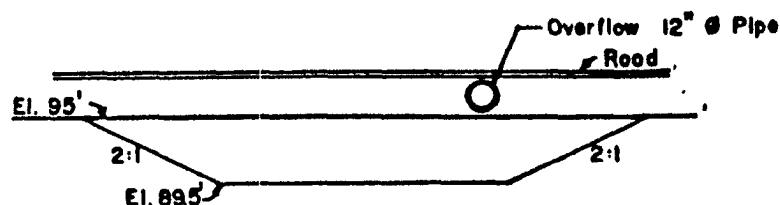
Proposed. Rail To Barge Coal Loading Facility  
In The Ohio River At River Mile 807.6  
Near Henderson, Henderson Co. Ky.

Application By: Henderson County Riverport Authority



**DUGOUT PLAN VIEW**

Scale: 1" = 50'



**DUGOUT CROSS SECTION**

No Scale

**RUNOFF VOLUME**

Assume 80% Runoff

Ponding Area = 4.5 Ac.

Rainfall 5 Yr., 10 Min. Duration = 4.5 in.

$$\text{Volume} = 4.5 \text{ in.} \times \frac{1 \text{ Ft}}{12 \text{ in}} \times 4.5 \text{ Ac.} \times 0.80 = 1.35 \text{ Ac.-Ft.}$$

$$V_{\text{Total}} = 1.35 \text{ Ac.-Ft.} + 0.45 \text{ Ac.-Ft.} = 1.80 \text{ Ac.-Ft. Req'd}$$

$$\text{Dugout Volume} = \frac{(11' \times 11' \text{ Avg.} \times 55') + (100' \times 100' \times 3' \times 1/3)}{43,560 \text{ SF/Ac.}} = 1.80 \text{ Ac.-Ft.}$$

24 Hr. Detention Required

$$1.80 \text{ Ac.-Ft.} \times \frac{43,560 \text{ SF}}{\text{Ac.}} \times \frac{1 \text{ Day}}{24 \text{ Hr.}} \times \frac{1 \text{ Hr.}}{60 \text{ Min.}} \times \frac{7.5 \text{ Gal.}}{\text{CF}} = 408 \text{ GPM}$$

Discharge Through Float And 4" Ø Tubing: Max. Discharge Rate = 308 GPM

Based On Inlet Orifice 1' Below Water Surface.

**SILT PRODUCTION**

Assume 0.1 Ac.-Ft. / Ac.

$$\text{Volume}_2 = 0.1 \times 4.5 = 0.45 \text{ Ac.-Ft.}$$